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Bib Data Sheet

CONFIRMATION NO. 8620

SERIAL NUMBER 10/728,347	FILING DATE 12/04/2003  RULE	CLASS 345	GROUP ART UNIT 2672	ATTORNEY DOCKET NO. ROC920030197US1
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## \*\* CONTINUING DATA \*\*\*\*\*

*N/A DZ*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*N/A DZ*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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## TITLE

Image scaling employing horizontal partitioning

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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